

S.C. Commission on Higher Education
Notification of Termination of Academic Program, Concentration(s), or
Organizational Unit
(One Program per Form)

Institution terminating the program: _____

Degree designation: _____

Program title and concentration(s), if applicable: _____

CIP code: _____

Site code(s): _____; _____; _____

Distance delivered program? Yes _____ No _____

Date program will be closed to new students: (mo/year) _____

Date data file will be closed: (mo/yr) _____

(Date by which all currently enrolled students will have graduated or transferred to other programs)

Reason for termination: _____

Discussion of plan to teach out students currently enrolled: _____

Signature of Chief Executive or Chief Academic Officer

Date